

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 544

Department of Health & Human Services

Center for Medicare and Medicaid Services

Date: APRIL 29, 2005

Change Request 3763

SUBJECT: Modification of FISS Edits for Colorectal Cancer Screening Services (HCPCS Codes G0104, G0106, G0107, G0120, and G0328) Furnished at Skilled Nursing Facilities (SNFs)

I. SUMMARY OF CHANGES: This instruction updates billing requirements for colorectal cancer screening services, due to SNF Consolidated Billing, performed at SNFs effective April 1, 2002 for HCPCS codes G0104, G0106, G0107, and G0120 and January 1, 2004 for HCPCS code G0328 for beneficiaries on a Part A stay (22x Type of Bill).

NEW/REVISED MATERIAL :

EFFECTIVE DATE : October 01, 2005

IMPLEMENTATION DATE : October 03, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

R/N/D	Chapter / Section / SubSection / Title
R	18/60.2.1/Common Working Files (CWF) Edits

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be

carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

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SUBJECT: Modification of FISS Edits for Colorectal Cancer Screening Services (HCPCS Codes G0104, G0106, G0107, G0120, and G0328) Furnished at Skilled Nursing Facilities (SNFs)

I. GENERAL INFORMATION

A. Background: When SNF providers bill for colorectal cancer screening services (HCPCS codes G0104, G0106, and G0107, G0120) on a SNF 22x type of bill (TOB) prior to July 1, 2004 and the patient is in a Part A stay, the claim is rejected due to FISS edits installed in July 1, 2004 as a result of CR 2874. The FISS should accept these codes on a 22x TOB back to April 1, 2002 when CR 1778 was implemented and CWF edits were installed. With the implementation of CR 1778, HCPCS codes G0104, G0106, G0107, and G0120 must be billed by the SNF, for the patients in a covered Part A stay, on a 22x TOB due to SNF consolidated billing (CB) edits installed in the CWF.

In addition, effective for claims with dates of service on or after January 1, 2004, CR 2996 added HCPCS code G0328 to the list of colorectal screening services that must be billed by SNFs, on a 22x TOB for patients residing in a Part A SNF stay. Therefore, the FISS should accept HCPCS code G0328 on a 22x TOB effective January 1, 2004.

B. Policy: Coverage of screening and preventive services is a separate Part B benefit when rendered to beneficiaries in a covered Part A stay and is paid outside of the Part A payment rate. For this reason, screening and preventive services must not be included on the global Part A bill. However, screening and preventive services remain subject to consolidated billing and, thus, must be billed separately by the SNF under Part B.

Accordingly, even though the SNF itself must bill for these services, it submits a separate Part B inpatient bill (22x TOB) for the services rather than including them on its global Part A bill.

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3763.7	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into your outreach activities, as appropriate. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 1, 2005</p> <p>Implementation Date: October 3, 2005</p> <p>Pre-Implementation Contact(s): William Ruiz 410-786-9283, Email: wruiz@cms.hhs.gov Jason Kerr 410-786-2123, Email: jkerr@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional Office</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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60.2.1 - Common Working Files (CWF) Edits

(Rev. 544, Issued: 04-29-05, Effective: 10-01-05, Implementation: 10-03-05)

Effective for dates of service January 1, 1998, and later, CWF will edit all claims for colorectal screening for age and frequency standards. The CWF will also edit FI claims for valid procedure codes (G0104, G0105, G0106, G0107, G0120, G0121, G0122, and G0328) for valid bill types. The CWF currently edits for valid HCPCS codes for carriers. Effective for dates of service *January 1, 2004*, and later, CWF will edit all claims for colorectal cancer screening code G0328 for age and frequency standards. (See §60.6 of this chapter for bill types.)